

2K18

Cypress-Creek Boys Basketball

Skills Clinic

June 25-28th

8:00am-12:00pm



Our skills camp is designed to help athletes learn the game in a fun and competitive environment. Our camp will feature small group skill development sessions, shooting instruction, team defensive/offensive concepts and live competition.

Athlete Information:
 Athlete Name: _____
 Athlete Phone Number: _____
 2017-2018 School Year Grade: _____
 Guardian Name: _____
 Guardian Phone Number: _____
 Guardian Email: _____
 Relationship to Athlete: _____
 2016-17 Middle School Attended: _____
 Athlete Experience (years): _____
 Athlete T-Shirt Size (adult sizes) (must prepay to be guaranteed a T-Shirt): S M L XL
 Payment Method (check one): Mailed with Forms Dropped off at School Pay at Door
 Payments of cash, check or money order will be accepted
 Bottom section and Athletic Participation Consent Form must be mailed to or dropped off at address listed above.

REQUIREMENTS

- Physical paperwork for students entering 7th-9th grade (6th grade students do not need one)
- Bring a copy with you so we may put it on file.
- Athlete information slip (see below) Athletic participation consent form

CAMP FEES

- \$70 per athlete
- Fee includes camp T-Shirt (not guaranteed when paid at door)
- Money must be received by May 22nd to guarantee a t-shirt
- Fee can be paid on first day of camp beginning at 7:15 am or paid early.
- Money information slip and consent form may be dropped off or mailed to:

Cypress Creek High School
 Attn: Daniel Trocquet
 9815 Grant Rd., Houston TX 77070

FOOD

Snack and beverages will be sold during breaks. Athletes may also bring their own items.

Contact:

Daniel Trocquet:

Daniel.trocquet@cfisd.net

Corey Graham:

corey.graham@cfisd.net

Cypress Creek Athletic Office:

281-897-4220

Camp Focus

3 Days of Intensive Drills Focusing On:

Quick Hands Ball Handling

Long Range Shooting

Precision Passing

**Lockdown Defense
Killer Game Moves**



Late Game Situations

3vs3 Half Court

5vs 5 Live Games

Athletic Participation Consent Form

I hereby give my consent for the above named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand CFISD is not liable for any injuries resulting from participation in school athletics. If in the judgement of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatments as may be given to said student by an physician, trainer, nurse, hospital or school representative.

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Street Address: _____

City, State, and Zip: _____

Phone Number: _____

